



RHA APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. **Each question must be answered in full, even if a resume is provided.** If an answer is NO or NOT APPLICABLE, indicate as such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status.

Please notify an Authority representative if you require a reasonable accommodation to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Daytime Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home/Work	
	Street Address		City	
	State	Zip Code	E-Mail Address	
	Position Applied For		Date Available to Start Work	
	Salary or Hourly Wage Desired		Social Security Number	
			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If yes, may we contact your employer to obtain employment information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever submitted an application and/or interviewed for employment with Rochester Housing Authority? If yes, give month and year ____/____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes please explain: _____		Were you ever removed from public employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you possess a valid New York State Drivers' License? Yes No Many of our positions require a valid Driver's License. If the position you are applying for doesn't require a valid NYS drivers' license, this information will not be used to make a hiring decision.			Driver's License Number and State of Issue	
Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		# of Years Completed	Course of Study/Major	Diploma or Degree Obtained	GPA
	High School						
	College						
	Dates Attended	From	To				
Other							

SKILLS	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:	List any certificates, licenses, or professional achievements that would support your qualifications for employment:

VETERAN STATUS	Branch of Service:	Date Of Entry:
	Special Skills:	Date of Discharge:
Honorable Discharge		<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than six (6) jobs, provide this information on another sheet and attach to this form.

Name of Employer		Telephone Number	
Address	Street	City	State Zip Code
Employment Dates (Month//Day/Year) From ____/____/____ to ____/____/____		Number of Hours Per Week	Final Hourly Wage/Salary
Job Title or Position(s)		Name and Job Title of Supervisor	
Detailed description of job duties, responsibilities and significant accomplishments			

Reason for leaving

Name of Employer		Telephone Number	
Address	Street	City	State Zip Code
Employment Dates (Month//Day/Year) From ____/____/____ to ____/____/____		Number of Hours Per Week	Final Hourly Wage/Salary
Job Title or Position(s)		Name and Job Title of Supervisor	
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Detailed description of job duties, responsibilities and significant accomplishments				
Reason for leaving				

PLEASE PROVIDE PROFESSIONAL REFERENCES ONLY; PLEASE DO NOT INCLUDE FRIENDS/FAMILY

REFERENCES	Name	Title	Company	Phone Number	E-Mail

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this *Application for Employment Form* is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if hired.

I authorize verification of all of the information I have provided on this *Application for Employment Form* as well as any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

After a conditional offer of employment, I understand that a favorable background check must be accomplished prior to starting employment.

Rochester Housing Authority is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a drug test will be required before starting work. If the results of the test are positive, I understand that the offer of employment will be withdrawn.

If employed, I agree to abide by all policies, procedures, rules, and regulations of the organization. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the company at any time with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date _____ Signature of Applicant _____

My signature above indicates that I am giving permission for RHA employees to contact me by U.S. Mail, phone, email, and/or text in regard to job opportunities with the Rochester Housing Authority.